

471-000-505 Nebraska Medicaid Practitioner Fee Schedule for Chiropractic Services

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Treatment Limitations: The following guidelines outline the maximum number of treatments Nebraska Medicaid may consider for payment:

1. For clients age 21 and older: Manual manipulation of the spine is limited to 12 treatments per calendar year.
2. For clients age 20 and younger: Manual manipulation of the spine is limited to 18 treatments during the initial five-month period from the date of initiation of treatment for the reported diagnosis. A maximum of one treatment per month is covered thereafter if needed for stabilization care.
3. No more than one treatment per client per day is covered.

Information on Chiropractic Services can be found at:

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-05.pdf

Provider Bulletins: http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
00072010		RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL				\$60.83	
00072010	52	ANTEROPOSTERIOR OR LATERAL		SINGLE VIEW		\$30.42	
00072040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL				\$33.23	
00072040	52	ANTEROPOSTERIOR OR LATERAL		SINGLE VIEW		\$16.62	
00072070		RADIOLOGIC EXAMINATION, SPINE, THORACIC; ANTEROPOSTERIOR AND LATERAL				\$33.23	
00072070	52	ANTEROPOSTERIOR OR LATERAL		SINGLE VIEW		\$16.62	
00072100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL				\$35.35	
00072100	52	ANTEROPOSTERIOR OR LATERAL		SINGLE VIEW		\$17.68	
00098940		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, ONE TO TWO REGIONS			X	\$28.36	\$23.94
00098940	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, ONE TO TWO REGIONS		INITIAL VISIT ONLY		\$34.67	\$29.26
00098941		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, THREE TO FOUR REGIONS			X	\$28.36	\$25.16
00098941	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, THREE TO FOUR REGIONS		INITIAL VISIT ONLY		\$34.67	\$30.75
00098942		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, FIVE REGIONS			X	\$28.36	\$25.92
00098942	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, FIVE REGIONS		INITIAL VISIT ONLY		\$34.67	\$31.69